

Always Filed

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR  
THE PERIOD ENDED:

IN RE:

BRRP LLC  
Debtor

CASE NO.: 18-15839  
Chapter 11  
Judge: HARRIS

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<u>✓</u>	Operating Statement	(Form 2)
<u>✓</u>	Balance Sheet	(Form 3)
<u>✓</u>	Summary of Operations	(Form 4)
<u>✓</u>	Monthly Cash Statement	(Form 5)
<u>✓</u>	Statement of Compensation	(Form 6)
<u>✓</u>	Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 4 of the Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES ✓ NO \_\_\_\_\_

3. That all postpetition taxes as described in Sections 1 and 14 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES ✓ NO \_\_\_\_\_

4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ✓ NO \_\_\_\_\_

5. All United States Trustee Quarterly fees have been paid and are current. YES ✓ NO \_\_\_\_\_

6. Have you filed your prepetition tax returns. (If not, attach a written explanation) YES ✓ NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated:  
10/19/18

BRRP LLC  
Debtor in Possession, by  
Name: REED  
Title: CFO  
Phone: 216-463-1589  
287-2695

## OPERATING STATEMENT (P&amp;L)

Period Ending:

Case No:

18-15839

	Current Month <u>9/28 - 9/31/18</u>	Total Since Filing
Total Revenue/Sales	\$	\$
Cost of Sales	\$	\$
<b>GROSS PROFIT</b>	<u>\$</u>	<u>\$</u>
<b>EXPENSES:</b>		
Officer Compensation	\$	\$
Salary Expenses other Employees	\$	\$
Employee Benefits & Pensions	\$	\$
Payroll Taxes	\$	\$
Other Taxes	\$	\$
Rent and Lease Expense	\$	\$
Interest Expense	\$	\$
Insurance	\$	\$
Automobile and Truck Expense	\$	\$
Utilities (gas, electric, phone)	\$	\$
Depreciation	\$	\$
Travel and Entertainment	\$	\$
Repairs and Maintenance	\$	\$
Advertising	\$	\$
Supplies, Office Expense, etc.	\$	\$
Other Specify	\$	\$
Other Specify	\$	\$
<b>TOTAL EXPENSES:</b>	<u>\$</u>	<u>\$</u>
<b>NET OPERATING PROFIT/(LOSS)</b>		
Add: Non-Operating Income:	\$	\$
Interest Income	\$	\$
Other Income	\$	\$
Less: Non-Operating Expenses:	\$	\$
Professional Fees	\$	\$
Other	\$	\$
<b>NET INCOME/(LOSS)</b>	<u>\$</u>	<u>\$</u>

BALANCE SHEET  
Period Ending:

9.30.18

Case No: 18-5839

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:	41,606		
Inventory:	89,082		
* Accounts Receivables:	61,709		
* Insider Receivables	6,988,463		
Land and Buildings:			
* Furniture, Fixtures & Equip:	2,044,551		
Accumulated Depreciation:	<1,475,258>		
Other:	28,916		
<b>TOTAL ASSETS:</b>	\$ 7,979,069		
<b>LIABILITIES:</b>			
Postpetition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
<b>TOTAL Postpetition Llab.</b>	\$ 0		
Secured Liabilities:			
Subject to Postpetition	960,000		
Collateral or Financing Order	235,899		
All Other Secured Llab.	447,515		
<b>TOTAL Secured Llab.</b>	\$ 1,643,414		
Prepetition Liabilities:			
Taxes & Other Priority Llab.	427,522		
Unsecured Liabilities:	161,143		
& Other:	619,141		
	4,379,751		
<b>TOTAL Prepetition Llab.</b>	\$ 5,587,557		
Equity:	803,768		
Owners Capital:			
Retained Earnings-Pre Pet.			
Retained Earnings-Post Pet.	<55,670>		
<b>TOTAL Equity:</b>	748,098		
<b>TOTAL LIABILITIES AND EQUITY:</b>	\$ 7,979,069		

\* See Footnotes Attached

**BJRP, LLC**  
**Operating Report      9.30.18**  
**Case No.                18-5839**

**Footnotes to Balance Sheet**

**Accounts Receivables**

**\$24,526 of accounts receivables are considered uncollectable**

**Insider Receivables**

**\$6,988,463 of insider receivables from affiliated entities, less insider payables  
of \$4,379,751 of insider payables equals a net \$2,608,712 insider receivables.**

**The net receivables from affiliated entities are considered uncollectable.**

**Furniture, Fixtures & Equipment**

**Reported at Book Vale of \$769,293 net. Fair Vale considered less than \$200,000**

**SUMMARY OF PAYABLES AND RECEIVABLES**

Period Ended:

Case No: 18-15839

**Schedule of Postpetition Taxes Payable**

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/ Deposits</u>	<u>Ending Balance</u>
<b>Income Taxes Withheld:</b>				
Federal:	\$ 0	\$ 0	\$ 0	\$ 0
State:	\$ 0	\$ 0	\$ 0	\$ 0
Local:	\$ 0	\$ 0	\$ 0	\$ 0
<b>FICA Withheld:</b>	\$ 0	\$ 0	\$ 0	\$ 0
Employers FICA:	\$ 0	\$ 0	\$ 0	\$ 0
<b>Unemployment Tax:</b>	\$ 0	\$ 0	\$ 0	\$ 0
Federal:	\$ 0	\$ 0	\$ 0	\$ 0
State:	\$ 0	\$ 0	\$ 0	\$ 0
<b>Sales, Use &amp; Excise Taxes:</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Property Taxes:</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Workers' Compensation</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Other:</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>TOTALS:</b>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**AGING OF ACCOUNTS RECEIVABLE  
AND POSTPETITION ACCOUNTS PAYABLE**

Age in Days	0-30	30-60	Over 60
Post Petition Accounts Payable	\$ 0	\$ 0	\$ 0
Accounts Receivable	\$ 0	\$ 0	\$ 0

For all postpetition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

N/A

**MONTHLY CASH STATEMENT**  
Period Ending:

Cash Activity Analysis (Cash Basis Only):

Case No: 18-15839

	General Acct.	Payroll Acct.	Tax Acct.	Cash Coll. Acct.	Petty Cash Acct.
A. Beginning Balance	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
B. Receipts (Attach separate schedule)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
C. Balance Available (A + B)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
D. Less Disbursements (Attach separate schedule)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
E. ENDING BALANCE (C - D)	<u>36,763</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>\$4,842 (16)</u>

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood  
2. Account Number (last 4 digits only) 3250

Payroll Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood  
2. Account Number (last 4 digits only) 3263

Tax Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood  
2. Account Number (last 4 digits only) 7759

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

0

Date: 10/19/18

BJRP LLC  
Debtors in Possession

**CASH REPORT**  
(BASED UPON A CONSOLIDATED ACCOUNTING OF ALL D-I-P ACCOUNTS)

CASE NAME: BJRP CCC

CASE NUMBER: 18-15839

MONTH AND YEAR: 9/18

Beginning cash balance (i.e. ending balance from previous report) \$ 0

Add: All receipts for the month. Do not include transfers between accounts. \$ 0

Deduct: All disbursements for the month. Do not include transfers between accounts. \$ 0

Net cash flow (receipts minus disbursements) \$ 0

Ending cash balance (i.e. next month's beginning cash balance) \$ 36,763

=====

**REPORT OF UNPAID DELINQUENT POST PETITION TAXES**

List all unpaid tax obligations which have accrued after the date of the filing of the Chapter 11 petition obligations) which are now due and owing (i.e. delinquent), but have, in fact, not yet been timely paid. Do not list any prepetition tax obligations.

TAXING AUTHORITY	TYPE TAX	TAX PERIOD	DUUE DATE	AMOUNT

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:

Case No: 18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.  
Attach additional pages if necessary.

Name: BJRP LLC  
Brad Friedlander Capacity:  Shareholder  
 Officer  
 Director  
 Insider

Detailed Description of Duties: CEO

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Current Compensation Paid: Weekly or Monthly

O

Current Benefits Paid: Weekly or Monthly

O

Health Insurance

Life Insurance

Retirement

Company Vehicle

Entertainment

Travel

Other Benefits

Total Benefits

O

Current Other Payments Paid: Weekly or Monthly

O

Rent Paid

Loans

Other (Describe)

Other (Describe)

Other (Describe)

Total Other Payments

O

CURRENT TOTAL OF ALL PAYMENTS: Weekly or Monthly

O

Dated:

10/19/18

Principal, Officer, Director, or Insider

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:

Case No:

18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.  
Attach additional pages if necessary.

Name:

Jonathan Gross

Capacity:  Shareholder  
 Officer  
 Director  
 Insider

Detailed Description of Duties:

President KFC

Current Compensation Paid:

Weekly      or      Monthly

W \_\_\_\_\_

Current Benefits Paid:

Weekly      or      Monthly

W \_\_\_\_\_

Health Insurance

Life Insurance

Retirement

Company Vehicle

Entertainment

Travel

Other Benefits

Total Benefits

C \_\_\_\_\_

Current Other Payments Paid:

Weekly      or      Monthly

W \_\_\_\_\_

Rent Paid

Loans

Other (Describe)

Other (Describe)

Other (Describe)

Total Other Payments

W \_\_\_\_\_

CURRENT TOTAL OF ALL PAYMENTS:

Weekly      or      Monthly

W \_\_\_\_\_

Dated:

10/19/18

Principal, Officer, Director, or Insider

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:

Case No: 18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.  
Attach additional pages if necessary.

Name: Peter Vaultly

Capacity: \_\_\_\_\_

 Shareholder Officer Director InsiderDetailed Description of Duties: Vice President

Current Compensation Paid:

Weekly      or      Monthly

Current Benefits Paid:

Weekly      or      Monthly

Health Insurance

Life Insurance

Retirement

Company Vehicle

Entertainment

Travel

Other Benefits

Total Benefits

Current Other Payments Paid:

Weekly      or      Monthly

Rent Paid

Loans

Other (Describe)

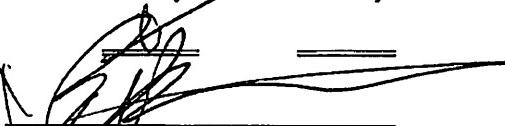
Other (Describe)

Other (Describe)

Total Other Payments

CURRENT TOTAL OF ALL PAYMENTS:

Weekly      or      Monthly


  
Principal, Officer, Director, or Insider
Dated: 10/19/18

## **SCHEDULE OF IN-FORCE INSURANCE**

Period Ending: 9/30/1839

Case Name: BJR P, LLC

Case No: 18 - 158 39



U.S. Department of Justice  
Office of the United States Trustee  
Ohio and Michigan, Region 9

## TRANSMITTAL OF QUARTERLY POST CONFIRMATION REPORT

In re:

*BJRP LLC*

Debtors(s)

: Case No.

: Chapter 11

: Judge *Arthur Harris*

Debtor, affirms that:

1. The attached *Chapter 11 Post Confirmation Report* for the quarter ended 9/30/18, which includes the Total Disbursement for Quarter, the Summary of Amounts Distributed Under the Plan, and the Summary of Status of Consummation of Plan has been reviewed and the report as prepared fairly and accurately reflects the debtor's complete disbursement/distribution activity and status for the period stated.
2. The individual responsible for preparing the attached report was Jonathan Gross whose title is CFO. Any questions regarding the attached report should be directed to Jonathan Gross at telephone number 216-831-5599.
3. The debtor is in compliance with the provisions of the confirmed Chapter 11 Plan except as listed below (*Attach additional documentation if necessary*):

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4. The undersigned is authorized to file this report on behalf of the debtor.

It is certified hereby, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Dated: 11/19/18

Debtor

By:

*[Signature]*  
Signature

*Brent Friesen*  
Typed or printed name

*CFO*  
Title

In re:  
BJRP LLC  
Chapter 11 Case No: 18-15839

Debtor

Post-Confirmation Status Report  
Quarter Ending: 9/30/18

Attorney/Professional - Name, Address, Phone, FAX & Email:

Person responsible for report: Name, Address, Phone, FAX & Email:

**SUMMARY OF DISBURSEMENTS MADE DURING THE QUARTER**

Disbursements made under the Plan:	Payments to Professionals: \$ <u>0</u> Payments to Secured Creditors: \$ <u>0</u> Payments to Priority Creditors: \$ <u>0</u> Payments to Unsecured Creditors: \$ <u>0</u> Payments to Equity: \$ <u>0</u> All other plan payments: \$ <u>0</u> TOTAL OF PLAN PAYMENTS: \$ <u>0</u>
Disbursements from Operations:	\$ <u>0</u>
<b>TOTAL ALL DISBURSEMENTS</b>	\$ <u>0</u>

Date Order was entered confirming plan?	
Who is the Disbursing Agent (if any)?	
Current with Plan Payments? Why not?	
Projected date for final decree?	
What needs to be achieved before a final decree will be sought (attach a separate sheet if necessary)?	
Provide a narrative of events that impact upon the ability to perform under the reorganization plan or other significant events that occurred during the reporting period (attach a separate sheet if necessary).	
Date last U.S. Trustee fee paid?	<u>10/17/18</u>
Amount Paid?	\$ <u>325</u> -

I declare under penalty of perjury that the information contained in the document is true, complete and correct.

Date

10/19/18

Signature of person responsible for this report

*This report is to be filed with the U.S. Bankruptcy Court quarterly until a final decree is entered.  
You may be required to file additional reports with the Bankruptcy Court.*

Office of the U. S. Trustee  
201 Superior Ave. East  
Suite 441  
Cleveland, OH 44114-1240

216-522-7800

Rev. 4/1

Page 1 of 1  
Account No.: 471-18-15839  
Process Date: 10-04-18



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BJRP LLC  
3355 RICHMOND ROAD  
BEACHWOOD, OH 44122-4100

UNITED STATES  
DEPARTMENT OF JUSTICE  
U.S. TRUSTEE PROGRAM

See Instructions  
On Reverse Side

### Chapter 11 Quarterly Fees Statement

Date	Description	Amount
09-28-18	Balance Forward	.00
10-04-18	Quarter 3, 2018 Minimum Fee Due (9)	325.00
	Estimated Balance Due Based On Disbursement Record	<b>325.00</b>

Case opened 09-28-2018. Minimum fee applied.

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**DISBURSEMENTS STUB:** Enter information, sign, detach, and return this stub in the window envelope.

**ADDRESS STUB:** Print address correction on reverse side. Place an "X" in the box if a correction is entered.

Failure to file monthly operating reports may result in a motion filed by the U.S. Trustee office to compel compliance, or convert or dismiss the case. In the section below, please enter the disbursements for the indicated months/years for which data is missing in the U.S.Trustee file. For post-confirmation cases, consult your local U.S. Trustee office regarding whether monthly or quarterly reports are required; if quarterly, enter data just in the quarter's ending month and write a "Q" after it. Round to the nearest dollar. This is not a substitute for filing the required report.

**BJRP LLC** Account Number: 471-18-15839

I certify under penalty of perjury that to the best of my knowledge the above disbursement information is true and correct.

Signature

18-15839-aih Doc 34 FILED 10/22/18 ENTERED 10/22/18 18:48:30 Page 14 of 14